

# TRANSMITTAL FORM

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Total Number of Pages in This Submission

9

Application Number

10783649

Filing Date

2004-02-20

First Named Inventor

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Art Unit

3623

Examiner Name

Robert D. Rines

Attorney Docket Number

7135USO4

## ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD

Remarks

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-3118.



After Allowance Communication to TC

Appeal Communication to Board of  
Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below).

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Hospira, Inc.

Signature

/MRC/

Printed name

Michael R. Crabb

Date

2011-01-07

Reg. No.

45113

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